Town of Liberty Vernon County, WI

Concern/Feedback Form

Section A: Concern F	orm			
Name:		Date:		
Address:				
		Email:		
Type of Concern/Feedback:				
Public Safety Concern	Unsafe Buildings			Conduct of Town Official/Employee
Environmental Damage	New Building Projection	ect		Nuisance (noise, smoke, animals, etc)
Aesthetic Concern	□ Agricultural/Fores	try Activity		Hunting/Fishing
Fences	Roads			Other:
Nature of Concern/Feedback:				
Location, address, or other info related to the issue:				
Do we have consent to disclose your name? \Box Yes \Box No				
Signature:				
Section B: Concern R	esolution (Office	use only)		
Name:			Da	ate:
Communication Method:	□ Phone □ En	nail 🛛	Let	tter 🛛 In-Person Discussion
Actions Taken:				
Resolution:				
All additional documents such as emails, letters, or any other records of conversation must be attached				
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Section C: Escalation			y)	
Name of Issuer:				Date:
Reason for Escalation:				
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Method of Escalation: Issue of Township Violation Defer to State or County Department				
Signature:				